

MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS
APPLICATION FOR RENEWAL – COURTESY CARD

PLEASE MAKE CHECK PAYABLE TO: BOARD OF MORTICIANS AND FUNERAL DIRECTORS, 4201 Patterson Avenue, Baltimore MD 21215

FAILURE TO RENEW LICENSE ON OR BEFORE 12/15/2018 WILL RESULT IN A PENALTY FEE OF \$400

RETURN BY NOVEMBER 15, 2018

RENEWAL FEE \$ **600.00**

EXP. DATE 11/30/2018

Please enter your name and license number: Name: _____
CC _____.

PLEASE ATTACHED A PASSPORT SIZE PHOTO FOR YOUR NEW COURTESY CARD.

SECTION I – GENERAL INFORMATION - This section must be completed in full.

If your name or address has changed since the last renewal, please indicate by noting new address and enclose proof of name change such as a court document or marriage certificate.

A. Social Security Number: - -
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

B. Race (Please circle all applicable; for statistical purposes only): 1-White 2-Black or African American 3-
American Indian or Alaska Native 4-Native Hawaiian or Pacific Islander 5-Asian 6-Other

B1. Are you of Hispanic or Latino origin? Yes ☐ No ☐

C. Home Address: _____

Home Phone Number: - -

D. Work Address: _____

Work Phone Number: - -

**** E-mail address:** _____

SECTION III – CHARACTER - This section must be completed. **Attach a detailed explanation for each question answered "yes" in this section.**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1) Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your profession?
<input type="checkbox"/>	<input type="checkbox"/>	2a) Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment?
<input type="checkbox"/>	<input type="checkbox"/>	2b) Have you surrendered or allowed your license to lapse while under investigation by a licensing or disciplinary board in any jurisdiction or an entity of the Armed Services?

- ☐ ☐ 3) Are you currently under investigation or have any complaints or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services?
- ☐ ☐ 4) Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession?
- ☐ ☐ 5) Have you ever been convicted, pled guilty, or received probation before judgment of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense (excluding minor traffic violations)?
- ☐ ☐ 6) Has your employment by any funeral establishment been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract?
- ☐ ☐ 7) Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science?
- ☐ ☐ 8) Has any claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you?
- ☐ ☐ 9) Have you ever been convicted of a felony?
- ☐ ☐ 10) Have you been the subject of a disciplinary action by your State Board within the past 5 years, up to and including the present time?

It is herewith agreed, should be issued a Maryland Courtesy Card, I will observe all the Rules and Regulations of the Maryland, Department of Health, and all the Rules and regulations of the Maryland Board of Morticians and Funeral Directors pertaining to and governing the care of human remains. I will not advertise in, establish a place of business in, conduct funerals, solicit business, including writing contracts, in the State of Maryland, under penalty of revocation of this privilege. I may participate in a funeral conducted by a Maryland Licensed Mortician.

Applicant Signature: _____ Date: _____

Notice For Mailing List

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

GOOD STANDING SEAL – This section must be completed in full and/or attached a letter of good standing with seal.

I, _____ Title _____ of the State Board of
 _____ do hereby certify that the aforementioned license is in good standing and that license
 is in full effect for the period beginning _____ and ending _____ in this state.

BOARD SEAL

 Secretary